Appendix 3

# **Non-Natural Disaster Emergency Designation**

and

Authorization for an Exception to the Biweekly Maximum Earnings Limitation

## Part 1. Non-Natural Disaster Emergency Designation

(To be signed by the Administrator, Assistant Administrator, Associate Administrator, Regional Administrator, or his/her designee)

Admini	istrator, or his/her designee)			
a.	<b>Designation:</b> A non-natural disaster emergency, involving a direct threat to life or property, is in effect.			
	Region(s)/Office(s): Region 9			
	Type of non-natural disaster:			
	Location(s): Samoa, California			
	Date emergency began:			
	Date emergency to end:			
EPA employees will be required to work overtime hours to complete this abandoned mine site tailings pile cleanup. This work is mission critical to protect the public from high levels of arsenic, lead and mercury which are on site, prevent the migration of contaminants and to work to protect waters of the US.				
I therefore request approval of an exception to the biweekly maximum earnings limitation. This exception should remain in effect until I notify the Human Resource Officer that the emergency has concluded, by completing Part 3 of this form. The exception will apply to the employees listed in Part 1b below. These employees are performing work directly related to resolving these emergencies. As the emergency continues, I may add employees to the list by notifying the Human Resource Officer.				
	(Signature)		(Date)	
Serena A. McIlwain, Assistant Regional Administrator (Title)  b. Employees for whom the exception is requested: (attach a separate sheet if necessary)				
Name SSN				
Rober	rt Wise		3314	
1	David Yogi  Personal Matters/Ex. 6			
1	Calanog	i cisonal matters/EX. 0		
Rusty	Harris-Bishop			

Don to Mattie	1
Randy Nattis Bret Moxley	
Harry Allen	
Peter Guria	Personal Matters/Ex. 6
Maggie Waldon	
Bessie Lee	
Donn Zuroski	
(After completing Part 1, forward this form to the H when completing Part 3 at the conclusion of the eme	luman Resource Officer. Retain a copy to be attached rgency.)
Part 2. Authorization for Exception to the Biweel (To be completed by the Human Resource Officer)	kly Maximum Earnings Limitation
I outhorize an avacation to the himselfu com	aince limitation for the ampleyees listed in Port 1h
This exception is authorized according to the provisi	nings limitation for the employees listed in Part 1b.
in effect until I notify Financial Management Division	
an one of the angle and an analysis and an ana	of completing rate ver and form.
Effective date of the exception:	
(Beginning of the pay period during	which the emergency began.)
Lizabeth Engebretson, Human Resources Officer	(Date)
(Send to Financial Management Division, Headqua. Section, PM-226. Retain a copy of this form to be at the emergency.)	
Part 3 Natification of Canalysian of Nan Natura	I Disaster Emergener
Part 3. Notification of Conclusion of Non-Natura (To be signed by the Administrator, Assistant Admin.	<u> </u>
Administrator, or his/her designee)	istrator, Associate Haministrator, Regional
3	
I certify that the non-natural disaster emerge	ncy in Region(s)/Office(s)Region IX, which
<del>-</del>	n to the biweekly maximum earnings limitation, now
in effect for the employees listed in Part lb, is no lon	ger required.
Serena A. McIlwain (Signature)	Termination of the exception to the biweekly
Solona II. Hollwall (Signature)	limitation should be effective: 9/30/2015
Assistant Regional Administrator	
(Title)	(Date of conclusion of the emergency)
(Date)	
(Date)	
Interim Policy on Limitations on Pay 11/91	
interm Forcy on Limitations on Pay 11/91	

Forward this form to the Human Resource Officer. Attach copy of Part 1b.

## Part 4. Authorization for Termination of Exception to the Biweekly Maximum Earnings Limitation

(To be completed by the Human Resource Officer)

I authorize the termination of the exception to the biweekly earnings limitation that is currently in effect for the employees listed in Part lb. The biweekly limitation will be reinstated.

Effective date of the termination:  (End of the pay period during which the emerg	Effective date of the termination:		
Lizabeth Engebretson, Human Resources Officer	(Date)		
(Send to Financial Management Division, Headquarters According Section, PM-226. Retain a copy of this form to be attached whe the emergency.)			

Appendix 3

## Request for Exception to the Biweekly Maximum Earnings Limitation

**Instructions:** Parts 1, 2 and 3 will be completed by the Regional Administrator, Assistant Administrator, Associate Administrator or his/her designee. For emergencies affecting more than one Region or Headquarters Office, the Director, Emergency Response Division, OSWER, will coordinate completion of this form, with input from an affected Regions or Headquarters Offices.

Parts 1 and 2 will be detached from this form and used as an attachment to a memorandum from the Director, OHRM, to the Office of Personnel Management (OPM) when requesting approval of an exception. After Parts 1 and 2 are detached, a copy should be retained by the Director, OHRM, to be attached to Parts 4 and 5 when he/she completes those parts of the form.

Parts 3, 4, and 5 are for EPA's internal use after receipt of approval from OPM of an exception.

## Part 1. Description of the Emergency

## a. Type of emergency:

High levels of arsenic, lead and mercury contamination in mine tailings, soils and stream sediment at the Sheldon Mine Site present significant threats to human health and the environment. EPA will mobilize staff and contractors to remove contaminated soils from nine (9) residential properties located near the mine tailings disposal areas, incorporate them into a repository, and construct a soil and vegetative cap over the top and slopes of the repository to isolate, encapsulate, and prevent the migration of contaminants to air, surface water and groundwater. In addition, a large steep embankment composed of contaminated tailings below the athletic field at Jackson Junior High School will be capped using an

Interim Policy on Limitations on Pay

11/91

application of shotcrete to the slopes. Due to the remote location of the site and the need to bring personnel and equipment into this mountainous area, it is more economical to work 6, 10-hour days to complete the removal action more quickly. EPA has a short window of opportunity to complete the shotcrete work before the school children return to school from summer vacation on August 10.

## b. Nature and extent of threats to life and property:

Arsenic, lead and mercury contaminated soils and tailings in high concentrations at the site are located in a residential area and in proximity to many family homes. As a result, the toxic metals contamination presents a threat to human health and the environment. The Argonaut Mine tailings disposal areas are the primary source of toxic metals contamination on several properties and contaminated runoff from the site eventually flows to Jackson Creek and Lake Amador, popular fishing and recreational area.

#### c. Location:

Region (s)/Office(s): Region 9

State(s): California

## d. Date emergency began:

## e. Estimated duration of emergency:

The deployment will last approximately 8 weeks. The OSC will make every effort to comply with EPA Region 9 ERS site travel duration policy and be on travel for no longer than two consecutive weeks. An alternate OSC will provide relief for at least a one week. The primary OSC will need to re-deploy to address the release.

## Part 2. Employees Covered by the Exception

a. Estimated number of employees performing work directly related to resolving the emergency:

Two EPA OSC's will be required to perform work directly related to the abandoned mine site cleanup. The EPA OSC's will oversee the response team including ERRS (10), START (2)

## b. Estimated average number of overtime hours worked per pay period:

Approximately 160 hours will be earned by one or two OSCs over the deployed pay periods. The estimate is based on 10-hour work days and 6-day work weeks.

## c. Types of work being performed:

The OSC's will oversee all field activities performed by contractors mitigating human and environmental exposures to the hazardous substances. The OSC's are required to be on-site to ensure health & safety, authorize and direct all work activities, to interface with the public, media, and other stakeholders, and to track all response costs.

## Part 3. List of Employees

Page A-4-3

(Attach a separate sheet if more space is needed.)

Name	SSN
Part 4. Authorization of Exception to Biweek (To be signed by the Director, OHRM. Attach a copy exception.)	
In accordance with the Office of Personnel Methods the biweekly limitation on earnings for the employees until any termination date that may be specified by Control of this form.	
Effective date of exception:	
(Signature)	(Date)
Serena A. McIlwain, Assistant Regional Administrat (Title)  (Send to Financial Management Division, Headquar Sectiol 1, PM-226. R8tain a copy to be used for comp	ters Accounting Operations Branch, Payroll
Part 5. Authorization to Terminate Exception (To be signed by the Director, OHRM)	
I authorize termination of the exception to the listed in Part 3.	ne biweekly earnings limitation for the employees
Effective date of termination of exce	eption:
(Signature)	(Date)
Director, OHRM (Title)	
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(Send to Financial Management Division, Headquarters Accounting Operations Branch, Payroll Section, PM-226. Retain a copy in Office of Human Resources Management Division files.)

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